EXHIBIT A

Service Office: 200 BLOOR STREET EAST TORONTO, ONTARIO CANADA MAW 1E5 Policy No. (for Informal Lago City.)	💹 John Hanco	ck Life Insura ck Variable L ck Life Insura cas The Company	ince Con ife Insura ince Com	nce Cor pany	npany	le Insured(s	i) and/or C	lwner(s).
Proposed Life Insured (Life One)	- communication of the communi	Proposed Life		ika Tama	rinana, nakabini nasa.	energe en automorphise i	Matadadasan a agaga	
1 at Namo First	Jan det	2. a) Name	· inspired (F	หลางการการเกียกใหม่	nisearis (niseasia) Adele	area or an area or a series.	. 105	ekkingajajajagga nya
b) Date of norm to yym c) Sex	: □M □F	b) Date of Birth	Minner	12	WW	c) Sex	□M	
d) Place of Sum county Birth Common &	ROUGHAMA AND	d) Place of Birth	Salo	يون باقى در در دو و داد د د د د د د د د د د د د د د د	·arusa.s.·aada.	County		
e) Citizenship 🗹 U.S. 🗆 Other	The second se	e) Cítizenship	o □ U.S.	□ Other	te Te Agrapa (- de Jedo de de consider	0000000-707-00-000 00 -00-00-00-00-00-00-00-00-00-00-00-00-	Establisher ses ar an ann an	- Www.jo.jo.jo.jo.jo.jo.jo.jo.jo.jo.jo.jo.jo.
f) Social Security/ Tax ID Number		f) Social Sec Tax ID Nur	urity/	<u>. </u>				!
g) Driver's License No. She does hat drive	State ////	g) Driver's License No	ł,	anning, mari	*************	tedel tedetededgdedgm _e e,	State	***************************************
h) Horne Brokita Elama, Apino, Address (3.5 Keras Screet	Zip code	Address	insel Nu. & Name, Children Scrivers Chr	Apri No		renaransianan arabahasian		and the control of th
i) Years at this Address	11311	i) Years at this Addres		d Ballununun var Marinenun var ei	***************************************	Tääänteteäutus jaan eikyäy	ratur Maddefatetda e	Metalatetargagaya, a
j) Tel Nos. Hame Business (Transmission statements Summer	******	Bass (ileos)		
k) Name of Employer	and the state of t	k) Name of Employer	(141.411-42 <i>0-0</i> 257- <u>0</u> 0.141444	aaaan muumuu afaqagagagagaga	ine, comercial co	hithelish karawan	aunun unun ausamususpun.	1 - с посминис
Address Street No. 6 Name, April No. of Employer	i San Maria (1994) de la primita de la p	Address of Employer	Secritor & Ver	н, Арт На	به چون و از داد ادامه ادام	meramanere,	Palliniari nobelbonini	r visitaring (_{araba})
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Owner - Complete Information only if Owner is other i	han Proposed Life In	sured.	ودونوس بردرد ودواوا والدادة		amanungasanya, nunus	erraturaterarumorurat Patuturarauturumorara	in nanyay nay nasaliry ng Kindhari nasagily ngayar as	The second seconds
in trust Owner, complete questions (3, a), d) and e) and Tr	ust Certification PS510	1. Date o	of Trust	mmure [de	ntaameereann Diess	Matati sukurungnan	
3. a) Name The Sam Hollander	Icorrocable	Trat	v hv fal	nación a accadan	mahini sasahas	~~~~.		
b) Date of mm : iii ii myy c) Relatio		-D (I-	cial Security x ID Numbe	y Zie	maaaaaaeee Jaraalaa	13.44.		7. 7
B) Address Steel to a Name Api No.	PV).		. cecameany	State.		Zipa		
4. Multiple Owners - Provide details as above for other	ype of ownership 🛚 🗀					in Commo	on	etanienie we.
:B5000NJ (t3:/2008)	Page 1 of	5	······································		······	**** ********************************		

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5. Is there, or will there be, an understanding or agree	·		a 1888 Berther fra 1967 - Andre Arthur a tradition for the State of the Arthur Arthur Berther Head and Arthur Arth
or other legal or beneficial interest in any policy issi	ement providing for a party, other ued on the life of the Proposed I	r than the Owner design ife Insured(s) as a resul	ated in question 3. a), to obtain any right, little t of this application?
* Military and properties and a second and a	t de de la digrapa y como en como en el de de de de en e En en	encorpe and descriptions and the property of the party of	ен ж. к электоруулуу жануу каруучун жануу байтан жануу ж
6. a) What is the source of the funding for the policy(i.b) Will the Owner now or in the future, he having a		Income t-Sui	4745
b) Will the Owner, now or in the future, be paying p Proposed Life Insured's employer? Yes - if Y	rea, answer question 7.	anguor an enery owner t Mo, proceed to	han the Proposed Life Insured(s), or the orguestion 8.
7. Will the premiums be financed through a loan?		•	
 □ No - If No, describe the funding arrangement. □ Yes - If Yes, answer the following questions. 	rinnanan maka i malainan kanasanasan kinin minin ili ili ili ili ili asalah maka maka sasalah	rarrassassas (talatutututututuk) — wyver, nyrassasarar wuw.s	нателеры устыгын тамына ж. жылдардын айтанын аттыктаттан адап кү
a) What is the interest rate per annum?	%		
b) In addition to repayment of principal and inter ☐ No ☐ Yes - give details	rest, are there other fees, charge	es or other consid eration	to be paid on maturity?
c) What is the duration of the loan?	d) Wh	o is the lender?	http://p.com/www.com/www.com/www.com/ppppowg.com/pppw.com/ppw
e) What amount and type of collateral is required to secure the loan?	Type ul C	ilakral	1994 - Annonementemanistration (k. 1990) en anno Annonemente, que de la companya (k. 1990). Ridalle en entre entre en angula (k. 1990) en anno en angula (k. 1990) en angula (k. 1990) en angula (k. 1990)
Beneficiary Information - Subject to change by Ow	ner	diatehinkaturakat protestasian juga papungan papunakan panesasen.	en e
8. a) Name of Primary Beneficiary b) Relationship to Proposed	and ar France	e Trust	estatututus auremaningi ja ajalahitus aasa saasa auremee sejajakun Liel massa saanin sekalahitus aasa mee aasa aasa aasa aasa aasa aasa
Life Insured(s) c) Name of Fix Secondary Beneficiary	- же гинацияния было частиния станица правера iidde	Понтический пентеннярученці	tra communication (company) de la communication de la company de la comp
d) Relationship to Proposed Life Insured(s)	dad see enaminaanin milyin ja	minores summer established as a second	Portino - Ворг Мобен сажавава женость выдорорж «Коссичения» по
Coverage Applied For	ord a description of the second	1817-1819-18-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	entre en
 Complete the applicable Policy Details Form NB the policy being applied for, including Supplement 	5007 (Universal Life), NB5008 entary Benefits and other bene	(Variable Life) or NB50 ifit options.	13 (Term & Traditional Life) for details of
Juvenile Insurance - Do not complete for Children's	Insurance Rider.	elakularar kelah pipi elgegege, e, e	elektrikalista egis eserem menerin en markatari eta
10. a) Are all siblings equally insured?b) Amount of life insurance currently in force or pend	Yes □ No ding on parent(s)/guardian(s)	\$	н жазаници основного франция и подора;
- · · · · · · · · · · · · · · · · · · ·			
If none, give details,	COPPLY POPPER PRODUCTION CONTRACTOR STATE AND A STATE OF THE STATE OF		
If none, give details,		ntantere en er en president daar te annoon verseer en annoonde de d	намей (1,0,0,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,
If none, give details, Existing and Pending Insurance - Proposed Life Ins		Life Ore	пистем (1.00 году по
If none, give details. Existing and Pending Insurance - Proposed Life Inst 1. a) Total insurance in force on the Proposed Life Inst that has been sold, assigned or settled to or with	red(s), including any noticy	Life One	dimmensioneristeristeriste üs sessammid.
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11. f) Is Disability Insurance (DI) with Provident or Long Term Care (LTC) Insurance with the Company currently being applied for?	☐ Yes ☑	ľνo	nd called an extresis denizezadestrare a denizez	☐ Yes	de arances está está está está está está está es	lollomorangga	iğriyasınını yaşısı
If Yea, provide DI date of application	(Matter)	ed .	7739	inc.iii	ļ da	j ne	•
☐ LTC date of application	Muun	the	1779 e	mma	od	773) }
Existing Insurance - Owner(s) Replacement(s) - MUST BE COMPLETE	·D	1. 10.234314.7.2.7.2. 7. 10. 10.777.00.100.100.1.	aniinaanii kaasaa k Kaasaa kaasaa kaasa			nilasiani Nusanini	**************************************
12. Are there any existing life insurance and/or annuity policies owned by the	e Charlet (inc	ludina e	vietina naliciae in H			مروسا ما	
NB5011	NT NOTICE:	Replac	ement of Life Insura	e process of t ance of Annuit	eing laps ties (Mod	ied or et Regula	ation),
Financial Questions	88-8-8-(-)-(-)-(-)-(. *************	Ministratorios, ben usuraneen on empraya	Helefal distance, cultiverse, cui	*****************************	town sommers.	one sensely of
Complete when applying for Face Amount of \$250,000 or more, or any	amount of 8	iusines	s Insurance, or wh	ел а Рголов	ed Life In	sured	
Is over age 70. (Please submit copies of financial statements, estate analy 13.a) What is the purpose of this insurance?	rsis, contracti	val agre	ements, etc.)				
(e.g. estate conservation, buy-sell, keyperson)	Planni	04					
b) How was the need for the Face Amount determined? f_{maxd}				·lm:	deletelete -d essera	M. 760-101511-777-0-00	tetendelelelelelelelele
Triting and works a polytragi	d Marrier art. restrict east art sacrae.	4-1-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Life One	Life T	WO	arnes emas.	.p.p.p.mm.r.p.p.p.
c) Gross annual earned income (salary, commissions, bonuses, etc.)		\$		\$		<u>.</u>	
 d) Gross annual uneamed income (dividends, interest, net real estate in 	come, etc.)	\$ ·	1.40 pp 64 monthship managana	8	##1###################################	lake*	
e) Household net worth (combined) .		S 5	and and and an annumber	Postania nastata da	·		
f) In the last 5 years, has/have either of the Proposed Life Insured(s), o	v the busines	e) 1,035 ESS chamosophimicoscopia				
nad any major mandiai problems (bankruptcy, etc.)? ∠/Nο □ γe	8 - give detail	<u>.</u>	hilidario, es esta maria de la companya de la comp	وورور مومود و و المحالة الأوالة الأوالة الأوالة الأوالة الأوالة	and the second	1171-2 P.1111-1-1-1-1	arang pagalah
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Current Year Previous Year 14. a) Assets S S	j f) Wh ow	iat perce ned by t	entage of the busine the Proposed Life In	ess is sured(s)?	namer et la la la	obelek (h. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	%
b) Liabilities \$ S	g) Are	other p	ariners/owners/exe	cutives being	insured?	☐ Yes	. □ No
c) Gross Sales \$	·· IfY	'es, give	details.	.			
d) Net Income after taxes							
6) Fair Market Value		1.***************	eta kitadis tertigik eligengiligiliga perepaganan erepaganan ere	remental autoritum grand was	*-,-p-,-s-,-,,-,s		****************
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15. Have you ever used tobacco or nicotine products in any form (including or Proposed Life Insured (Life One) No Yes - give details below	igarettes, cig	ars, ciga	arillos, a pipe, chewi	ng tobacco, n	iootine pa	atches or	gum)?
Product Frequency Current Pact Date fact appet	men permanana		nsured (Life Two)	46) 1	- war were; entitled desc	<u> </u>	
Cigarettes pack(s)	Cigaret	Product las	Frequency pack(5)1	PERM	Date last u	159 0
Cigars x / day \	Cigars		1	70 mmm			maranana.
Other v / days	eer unitionen		1 1	~}			***************
Lifestyle Questions - Please provide details in No. 21 for Yes answers.	Other:	1000000000	debate of Lancons X / OZ	y 🗖 [DECEMBER OF STREET
Lifestyle Questions - Please provide details in No. 21 for Yes answers.	(Page 4)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	makaran sarah katan kanan sarah s	**************************************	annen ministrationer	"gegegenenenen en d Gebokeliek degenanenen	months and
16. Do you engage in regular exercise? Proposed Life Insured (Life One) □ No □ Yes - give details below							
a) What type of exercise?			nsured (Life Two) exercise?	ונ סאים	'es - give	details b	IB(OW)
b) How many c) How long?	ъ-н		وارسانا فيعدون		seerseammanarsrurus.	*************	e restationeries.
times a week? (Hours or minutes per occasion)	b) How n imes :	nany a week?		v long? urs or minute:	s per occ	asion)	
				Life O		Life T	uneranjieljie, eg,
7. Do you expect to travel outside the U.S. or Canada, or change your count	ry of residenc	e in the	next 2 years?	□ Yes		☐ Yes	·
8. a) Have you flown as a student pilot, licensed pilot, or crew member in an in the last 2 years? If Yes, please complete Aviation Questionnaire NB	v aircraft inci	luding u	itralight planes,		,		
 b) Have you engaged in any form of motor vehicle or power host racing s 	ky divinalnar	achuting	a. skin or scuha	☐ Yes	Lativo ;	⊔ Yes	∐ No
diving, hang-gliding, mountain climbing, or any other hazardous activiti complete Avocation Questionnaire NBS010.	es in the last	2 years	If Yes, please	П V 3	أميها	Five 4	
seminara transdom amesticimistic MDSO10*				☐ Yes j	ATNO]	⊔ Yes i	⊔ No

					Life One	Life Two
a) Have y	ou committed 2 or more moving viola	tions within the last 2 years	?		☐ Yes ☑ No	☐ Yes ☐
b) Have y	ou been convicted of driving while into	xicated or while otherwise	impaired?		☐ Yes ☐/No	☐ Yes ☐
In the last	10 years, have you been convicted or	f a criminal offense?			☐ Yes ☐No	☐ Yes ☐
	Life Insured (Life One)	titat eta takokokokokokota tatai ekikilea, menentia erakikiken ekiken ekikilea. Kananiaria	Proposed	Life Insured (Life Two)	ar trivenmantiammerkerkery	est mention for a substitution
Ougetlon No.	Details for any "Yes" answers to	Lifestyla Questiona	Queedon	artura er er tratta et artura ett artura ett artura. Elle artura ett arjungsiga ega ega ega ega efa ett artura Elle elle ett ett ett elle efa efter ett ett ett ett ega	" answers to Lifestyle C	essekururuduru udguguyagayayaya urussa daramassassakarurugurug
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a) Date of	***************************************	nore constituine emprendicipalitatica de la successión de la successión de la successión de la successión de l Ve	a) Date of la	etetututututatetitiis is tututaisikitistisisikkutusutaisikutusutaisikutusutaisi	Commission of the Interest Commission of the Com	nas established was se
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b) Reason the visit	ior theche is		b) Reason for the visit	or	a ta ta Ta 12 ta 12 ta Asar a dama tama tama tama basa da	
c) Diagnos	8 OF	otet Met 1. 1888/hoteturuskusmi in trittakutututu, akielykuului maa kus	c) Diagnosis	Of	n eften er meder deutsche Leite Sein eine nehren stelle mehren eine	146°200 - 1447,1427,1427,1447,1447,1
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Declarations and Authorizations

DECLARATIONS

The Proposed Life Insured(s) and Owner(s) (Parent or Guardian) declare that the statements and answers in this application and any form that is made part of this application are complete and true to the best of my/our knowledge and belief. in addition, I/we understand and agree that:

- 1. The statements and answers in this application, which include the Policy Details and any supplemental form relating to the health, aviation or lifestyle of the Proposed Life Insured(s), will become part of the insurance policy issued as a result of this application.
- 2. (a) Any life insurance policy issued as a result of this application will be effective on the later of the date the first premium has been paid in full and the date the policy has been delivered. The insurance will not be in effect if there has been a deterioration in the insurability of arry proposed life insured(s) since the date of the application. If the Temporary Insurance Agreement (TIA) coverage is in effect and a subsequent policy is issued within 90 days of the date of the original application, the above paragraph only applies to any amount in excess of the TIA amount.
- (b) If premiums are paid prior to delivery of the policy and the terms and conditions of the Temporary Insurance Agreement are satisfied, insurance prior to the effective date shall be provided only under the Agreement and according to its terms.
- ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

AUTHORIZATION TO OBTAIN INFORMATION

I/We, the Proposed Life Insured(s), authorize:

1. John Hancock Life Insurance Company (U.S.A.), John Hancock Variable Life Insurance Company or John Hancock Life Insurance Company

(The Company) to obtain an investigative consumer report on me/us.

2. Any medical professional, medical care provider, hospital, clinic, laboratory, insurance company, the Medical Information Bureau (MIB Inc.), or any other similar person or organization to give The Company and its reinsurers information about me/us or any minor child/children who is/are to be insured. The information collected by The Company may relate to the symptoms, examination, diagnosis, treatment or prognosis of any physical or mental condition.

In turn, The Company is free to disclose such information and any information developed during its evaluation of my/our application to: (a) its reinsurers; (b) the MiB Inc.; (c) other insurance companies as designated by me/us; (d) me/us; (e) any medical professional designated by me/us;

or (f) any person or entity entitled to receive such information by law or as l/we may further consent.

I/We acknowledge receipt of the Notice of Disclosure of Information relating to the underwriting process, investigative consumer reports and the MIB Inc. This authorization will be valid for two years from the date shown. A photocopy of this authorization will be as valid as the original

Information collected under this authorization will be used by The Company to evaluate my/our application for insurance, to evaluate a claim for benefits,

or for reinsurance or other insurance purposes.

I am/We are entitled, or my/our authorized representative is entitled, to a copy of this authorization.

OWNER/TAXPAYER CERTIFICATION - MUST BE COMPLETED

Under the penalties of perjury, I the Owner, certify that:

1. The number shown on Page 1 of the application is my correct taxpayer identification number (if number has not been issued, write "Applied for" in the box on Page 1), AND

2. Check the applicable box:

I am not subject to Backup Tax Withholding because (a) I am exempt from Backup Tax Withholding, or

(b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to Backup Tax Withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to Backup Tax Withholding, AND The Internal Revenue Service (IRS) has notified me that I am subject to Backup Tax Withholding, AND

☐ The Internal Revenue Service (IRS) has notified me that I am subject to Back

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